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ABSTRACT

This paper evaluates two locally driven, school-based programs in Illinois that use a system of care approach to provide services for children and adolescents with, or who are at risk for, developing emotional or behavioral disturbances. These sites included a mental health early intervention pilot program in an elementary school setting, and a day treatment program established by a local school district. Students in the public school program or a private school program for similar students were evaluated at baseline and 1 year later. The majority of students were identified as having a primary behavioral disability; about half the youth had legal charges; and most common risk factors included below grade-level achievements and frequent suspensions/expulsion/truancy. No significant differences between students in the private day placement and the public special placement were found. As the early intervention program descriptive data indicated, the 16 children were referred for such reasons as academic problems, non-compliance behavior, attention difficulties, and poor peer interaction. Comparisons of baseline and 1-year-later scores suggested substantially better functioning for all youth at Time 2. Evaluation of both programs supports the use of participant-driven evaluation if the data are to be useful for program development. (Contains 12 references.) (DB)

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School-based Systems of Care: Early Intervention and Day Treatment Examples from Illinois

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Introduction

System of care initiatives led by mental health and child welfare agencies are returning youth to communities and preventing others from being placed outside their communities (Stroul, 1993; Epstein, Kutash, & Duchnowski, 1998). Concurrently, school-based mental health projects are encouraging collaborative partnerships and bringing social service options into school buildings. This has increased efforts to integrate system of care approaches through education programs in communities across the country. Changes in traditional service delivery models in mental health and child welfare agencies are prompting educators to partner with social service providers in addressing the comprehensive needs of youth and families. Restructured professional roles and changes in traditional program structures have been reported (Eber, Nelson, 1997).

In Illinois, components of a system of care have been established in a variety of school-based programs over the past 3-5 years. The Illinois State Board of Education (ISBE) has provided technical assistance (TA) and evaluation support to school districts involved in such innovations. Partnerships with mental health and child welfare providers have expanded the experiences of educators involved in school-based application of systems of care.

Beginning in 1995-96 school year, school districts interested in TA and evaluation support related to students with, or at-risk of developing, Emotional or Behavioral Disturbances

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(EBD) began collecting student/family outcome data. The state level TA/Evaluation team had assisted local stakeholders in defining evaluation questions and identifying components of the evaluation process which were appropriate for different sites. The intent was to support locally driven initiatives and design evaluation activities to address the questions and issues raised by the local stakeholders. Evaluation data have been collected in several sites where components of a system of care have been initiated for students with, or at-risk of, EBD. These sites included a mental health early intervention pilot in an elementary school setting, and a day treatment program established by a local school district. This summary discusses Time 1 and Time 2 data for two such sites from Illinois. Similarities and differences across the early intervention and day treatment provide insights about the needs for comprehensive approaches across school settings.

Method

Sites

Public school day treatment program. In September 1995, a school district in central Illinois developed a public school day treatment program for youth with EBD. This program was intended as an alternative to sending students to private day programs outside the school district and community. The intent was to improve student outcomes and return students more quickly and effectively to their neighborhood schools. Staff members were trained in strength-based wraparound approaches and incorporated these approaches into their individualized teams and plans for students and families. School-based social workers at the day treatment setting, who served as facilitators of child/family teams, were responsible for data collection. In addition to completing background information and the CAFAS these social workers facilitated the completion of family, teacher, and youth instruments (see Table 1).

Baseline data was collected April through May, 1996 on 30 students. Of these students, 57% scored in the clinical range on the CAFAS. In spring of 1997, the day treatment staff collected follow-up information on 26 of the initial 30 youth served in the public school day treatment program. Of those 26, 17 had moved to a less restrictive setting while nine remained in the program. At this point, the school district began raising questions about the students that continued to be sent to the out-of-community private day treatment settings and decided they wanted to pursue more information on these students. They also wanted to continue examining new placements into their public day treatment program. herefore, they added 50 new youth to the sample. They then added 50 new youth to the sample. These 50 youth were placed in either the above described public school day treatment program or in a private day treatment program. The school district wanted to examine similarities and differences in students in the public vs. private day treatment programs and monitor outcomes over time among both groups.

Data collected in the spring of 1997 included 26 of the initial 30 students along with 50 new youth added to this expanded sample (See Table 1 for total numbers for individual instruments. The number of instruments collected varies because it was not possible to obtain instruments for every youth). Ages ranged from 6 to 16 years, with a mean of 12.1 years (n=37) and 84.2% youth were male (n=38). About half were identified as African American (51.4%) and the other half as Caucasian (48.6%, n=37).

Early intervention site. An elementary school in Southern Illinois collaborated with a local mental health center to provide early intervention mental health services for children identified by teachers as at-risk of placement in EBD. These prevention activities were provided by a mental health therapist and included: individual and group counseling, recreational activities, consulta-

tion to teachers and support to families. Baseline information was collected on 24 students through the winter of 1996-1997 and Time 2 information was collected on 14 students in the spring of 1997. (See Table 1 for total numbers of individual instruments. Like the day school treatment program sample, number of instruments varies). The average age of the youth was 9.8, ranging from 6 to 13 years old (n=17). Eleven of the youth were male (n=17), and 12 out of the 15 children were Caucasian.

Instruments and Analysis

The instruments used for both sites are identified in Table 1. The data were entered and tests were examined using the Statistical Package for Social Sciences (SPSS). These analyses examined both relationships between variables and changes over time. Descriptive statistics were used to provide basic information about the data. Relationships between variables were examined using correlational analyses, and cross-tabulation. Differences between groups were examined using independent t-tests, and cross tabulation. Changes over time in individuals' clinical scores were analyzed using paired t-tests, and examining changes for groups of individuals in educational placement categories or out of home placement status were examined by using cross tabulation.

Results

School-based Day Treatment

At the time of the Spring 1997 data collection for the expanded sample (public and private day treatment), almost one quarter (24%) of the youth were residing in a group or foster home placement under the guardianship of Illinois Department of Children and Family Services (DCFS). Thirty-five percent of the youth lived with one parent/guardian. Only 16% of the youth lived with both parents/guardians. Eight percent of the youth lived with a relative.

The majority of youth were identified as having a primary behavioral disability by parents/guardian (75%), social workers (95%), and teachers (90%). However, more social workers reported youth as having an emotional or behavioral disability than parents/guardians (χ^2 = 2.97, df=1, p=.081, n=31) and teachers and social workers tended to agree (χ^2 =10.37, df =1, p=.013, n=56).

Parents reported that about half of youth had legal charges brought against them (n=36), while facilitators reported about one third of youth had legal charges brought against them (n=56). The majority of students had never been arrested with a conviction according to parent (8 out of 19) and facilitator (9 out of 48).

The most common youth risk factors reported by parents/guardian included: below grade level achievement (54%), frequent suspensions/expulsion/truancy (51.3%), and involvement with the legal system (41%), dangerousness to others (35.9%), history of substitute care (31%). Family risk factors reported by parents/guardians included history of family alcoholism (46%), unemployment (36%), and history of family violence (33%).

Differences between Private Day School and Public Special School. Public and private day school program data collected in spring 1997 were compared. There were no significant differences between students in a private day placement (n=15) and a public special placement (n=25) on the CBCL total problem score, internalizing, externalizing, and all sub-domain scores.

There were no significant differences between students in a private day placement (n=23) and those in a public special placement (n=36) on the CAFAS total score.

Youth served in the public day program (n=36) scored higher in the areas of Attention Problems (p=.05) and Aggression (p=.07) and Total External-

izing scores (p=.08) than youth served in a private day placement (n=25) according to teacher's ratings on the TRF.

Youth ratings of their aggressive behavior on the Youth Self-Report (YSR) were higher for youth in the special public school (n=22) than youth placed in the private day school (n=21; p=.04).

Mental Health Early Intervention Program

Data indicated that all of the youth lived with at least one parent, with the exception of one who lived with a relative (n=16). No youth had legal charges brought against them, or contact with the police as a result of a violation of the law. Twenty three facilitators indicated from a checklist the primary reasons for referral. These included: academic problems (n=19), non-compliance behavior (n=17), attention difficulties (n=16), poor peer interaction (n=14). Parents and facilita-

Table 1
Instruments Collected at Baseline and Every Year Thereafter

Instruments	Day School Program – Number Collected (Spring 1997)	Early Intervention Site – Number Collected (Winter 1996)
Instruments Completed by Parents/Guardians		
Background Information	38	17
Family Adaptiveness and Cohesiveness Scale (Olson, 1991)	35	15
Family Needs (Dunst, Trivette & Deal, 1988)	36	16
Services and Agency Involvement	38	17
Youth and Family Risk Factors	39	17
Satisfaction with Services	35	15
Child Behavior Checklist (Achenbach, 1991a)	40	17
Instruments Completed by Youth		
Youth Information Form	59	24
Youth Self-Reports (Achenbach, 1991c)	48	3
Instruments Completed by Teacher		
Educational Information Form	62	16
Teacher Report Form (Achenbach, 1991b)	61	16
Instruments Completed by Social Worker/Facilitator		
Background Information	61	23
Restrictiveness of Living Environment Scale (Hawkins, Almedia, Fabry & Reitz, 1992)	60	23
Services and Agency Information	61	23
Youth and Family Risk Factors	61	23
Child and Adolescent Functioning Assessment Scale (Hodges, Bickman & Kurtz, 1991)	60	24

tors identified a history of family alcoholism/substance abuse as a family risk factor for 11 out of 24 families.

Twelve out of sixteen youth were placed in general education for 100% of the day (n=12), three youths enrolled in general education with consultation, and one youth attended a special education for less than 50% of the day. Nine of ten students maintained their educational placement from Time 1 (winter, 1996) to Time 2 (spring, 1997), and all of the youth attended school regularly at Time 1 and Time 2.

At Time 1, classroom functioning data was available on 15 students. Areas of difficulty included completing class assignments on time (n=10) completing homework (n=10), completing subjects with a passing grade (n=9), having friends (n=9), engaging in socially appropriate behavior with peers (n=11), and engaging in socially appropriate behavior in unsupervised settings (n=11).

Teachers reported that seven students needed academic assistance beyond that which was expected, and nine youth required behavioral interventions beyond the regular classroom routine (n=16). Generally, these students maintained their status of needing behavioral interventions beyond the regular classroom routine from Time 1 to Time 2.

Teachers reported that just over half of the youth had academic performance that was not commensurate with their ability (7 out of 13).. However, the majority (7 out of 11 youth) was performing at average to above average levels, and four of the youth were performing at a below average level.

CBCL ratings on six of the youth fell within clinical ranges on the Total Problems Score (n=17). Five fell within clinical ranges on the Internalizing domain, and four fell within clinical ranges on the externalizing domain of the CBCL. The most frequently reported syndrome scale falling within clinical ranges was Social Problems. There was a decrease that approached significance in attention problems as rated by parents/guardians on the CBCL from Time 1 (M=6.00) to Time 2 (M=5.14), p=.078.

CAFAS results at Time 1 showed that 42% of the youth's scores fell within clinical ranges (n=24) with an average of 32 and a range of 10-60. The average total CAFAS score at Time 2 was 15, with scores ranging from 0 to 30, with lower scores indicating better functioning (n=15). No youths scored in the clinical range at Time 2.

Sixteen Teacher Report Forms (TRF) were completed at Time 1. Half of the ratings from teachers (n=8) fell within clinical ranges on the externalizing domain, while one student had a score that fell within the clinical range on the internalizing domain. Nine (56.3%) of the youth had scores that fell within clinical ranges on the Total Problems domain. TRF forms for eleven youth were completed at Time 2. Two teachers' ratings fell within clinical externalizing ranges and internalizing ranges. Three teachers' ratings fell within clinical ranges on the Total Problems domain.

Discussion

In examining differences between youth in public and private day school programs, parents/guardians do not appear to differ in their ratings of emotional and social functioning nor were there differences in clinical functioning reported by clinicians. However, teachers and youth reported higher rates of aggressive behavior among the public school group. This was an interesting finding since one might expect that the students sent outside of the community (i.e. private day treatment settings) might be more difficult to manage. District personnel report that they suspect a lack of clear parameters or decision-making mechanisms for when to send students to more

restrictive out-of-district placements contributes to this finding. More investigation is needed to further examine these differences.

The data on successful returns to general education settings from the public day treatment settings was discussed with district administrators. The public day-treatment setting successfully returned over 50% of the students to less restrictive settings (with supports from the day treatment setting) in the first year. District personnel reported that the students in the newly developed public school program were returned to regular education settings faster and more effectively than students placed in the out-of-community private settings in the past. They began discussing possible program restructuring that may support more successful outcomes for greater numbers of students with EBD across the district. The experiences with this new program has suggested to the administrators that they may be able to improve school success for students with EBD by restructuring service options within their district settings. These discussions have led to a review of all district options for students with EBD (including those in self-contained classrooms in regular buildings) by district administrators. The restructuring of building-based options for service delivery that includes family supports, child-family team facilitators and more therapeutic options are being explored.

Comparing the students from the prevention sample and the day treatment sample (combined public and private) provides opportunity for school-based program development discussion as well. Perhaps one of the most interesting findings is that although the samples were quite different with respect to age, restrictiveness of educational setting, and living situation, the risk factors reported and level of emotional and behavioral difficulty were remarkably consistent. For example, both day treatment and early intervention youth had multiple risk factors, and the most frequently reported risk factors included below grade level achievement and history of family alcoholism. The effects of the supportive approaches allowed children and youth (both prevention and day treatment group) to either move to less restrictive educational settings or maintain their current educational setting despite their level of clinical involvement. This suggests two issues for consideration. The first issue is that Improvement in clinical functioning may not be the only predictor of educational success. Factors such as teacher and family support may prove to be just as important. The second issue raised is the potential effect of early intervention through school-based mental health service delivery that actively supports families, teachers, and students. Future evaluation activities may help clarify the relationship of these factors to the children and youth outcomes over time.

Initial analyses from these two school-based sites provide implications for future evaluation activities and implementation of system of care approaches in schools. One clear implications from an evaluation perspective is the strength of using participant driven evaluation if the data is to be useful for program development. Both of these school based sites determined their evaluation questions, reviewed instruments, made modifications to instruments, collected data, and played an integral role in the evaluation process. Because of this, we had higher rates of instrument completion and accuracy in the data than many of our past evaluation efforts. Also, the data has been used locally to stimulate program development and has lead to expansion of system of care-based options in both locations

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